

multiple dependent claim
fee calculation sheet
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10-049,249

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							61			
2							62			
3							63			
4							64			
5							65			
6							66			
7							67			
8							68			
9							69			
10							70			
11							71			
12							72			
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29							89			
30							90			
31							91			
32							92			
33							93			
34							94			
35							95			
36							96			
37							97			
38							98			
39							99			
40							100			
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
TOTAL IND.	3									
TOTAL DEP.	16									
TOTAL CLAIMS	16									